

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 20 | 9/16 |
| FORMALITY REVIEW | H.T. | 913 | 05/16/01 |
| RESPONSE FORMALITY REVIEW | M.H. | 625 | 09-12-01 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 - - - - - Allowed I Interference
 (Through numeral)... Canceled A Appeal
 - - - - - Restricted O Objected

| Claim | Date |
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| Claim | Date |
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| Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here

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117 5095 9/15/01